Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in JC 5-2-15-3.

Date:	<u>1-3-09</u>	Address:	512 OAK ST
Case #:	<u>45F49294</u>		NEW ALBANY, IN
County:	FLOYD		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open sir, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: <u>LAUDRY ROOM</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: <u>LAUNDRY ROOM</u>			
Corrosive Base:			
Other (item and location):			
∑ Ycs 2 o☐ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	e <u>Information</u> c/Pscudoephedrine Tracking Log crehant Tip —
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: <u>NEW ALBANY</u> arlment: <u>FLOYD CO</u> etion Service: <u>FLOYD CO</u>	Fax: <u>812-9</u> Fax: <u>812-9</u> Fax: <u>812-9</u>	48-2208
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>JACKIE SMITH</u> Phone <u>812-246-5424</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention,